

CORPORATION NAME		
NUMBER AND STREET		
CITY OR TOWN, STATE, ZIP CODE		
MITS/MO I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER

MAIL TO: Balance Due Missouri Department of Revenue P.O. Box 3365 Jefferson City, MO 65105-3365	MAIL TO: Refund or No Amount Due Missouri Department of Revenue P.O. Box 700 Jefferson City, MO 65105-0700
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FORM MO-1120A	
Missouri Corporation INCOME TAX Return for 2004	Missouri Corporation FRANCHISE TAX Return for 2005
Beginning _____, 20 ____	Beginning _____, 20 ____
Ending _____, 20 ____	Ending _____, 20 ____
Balance Sheet Date (MMDDYY)	
<input type="checkbox"/> A. Return filed for BOTH (income and franchise) <input type="checkbox"/> B. Return filed for INCOME tax only <input type="checkbox"/> C. Return filed for FRANCHISE tax only	

Check Applicable Boxes

<input type="checkbox"/> Name Change	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> 990C
<input type="checkbox"/> Address Change	<input type="checkbox"/> Accounting Period Change	<input type="checkbox"/> 990T
<input type="checkbox"/> Final Corporate Income Tax Return If yes, state prior accounting period _____		

Attach copy of Federal Form 1120, Pages 1-4, or 1120A

Computation of Income Tax	1. Federal Taxable Income from Federal Form 1120, Line 30. (Federal Form 1120A, Line 26)	1		00
	2. Corporate income tax from Missouri deducted in determining federal taxable income (attach schedule)	2		00
	3. Amount of any state income tax refund included in federal taxable income (attach schedule)	3		00
	4. Federal Income Tax — Multiply Federal Forms 1120, Schedule J, Lines 6a and 11 OR 1120A, Part 1, Line 6 by 50% ..	4		00
	5. Missouri Taxable Income (Line 1 plus Line 2, less Lines 3 and 4)	5		00
	6. Corporation Income Tax — 6.25% of Line 5	6		00
Computation of Franchise Tax	<ul style="list-style-type: none"> • Corporations having all assets within Missouri complete Lines 7, 8, 9a, and 10 only • Corporations have all assets outside Missouri complete Lines 9b and 10c only 			
	7. Par value of issued and outstanding stock (For no-par value stock, see instructions) (not less than zero)	7		00
	8. Assets: 8a. Total assets per attached balance sheet	8a		00
	8b. Less: Investments in and advances to subsidiaries over 50% owned (Attach schedule showing name of corporation, percentage of ownership, and amount)	8b		00
	8c. Adjusted total (Line 8a less Line 8b)	8c		00
	9. Tax Basis:			
	9a. Corporations having all assets within Missouri (Line 8c or Line 7, whichever is greater)	9a		00
	9b. Corporations having all assets outside Missouri and no assets apportioned to Missouri, enter zero	9b		00
	NOTE: If your assets in Missouri (Line 9a) do not exceed \$1,000,000 or if you have zero assets apportioned to Missouri (Line 9b) check this box <input type="checkbox"/>. You do not owe franchise tax. Enter zero in Line 10c.			
	10. Tax Computation			
10a. Tax — 1/30th of 1% (.000333 of Line 9a)	10a		00	
10b. Short periods (for new corporations and change in accounting periods only) Line 10a x _____ (insert number of months in short period) = prorated tax due	10b		00	
10c. Corporation Franchise Tax due (Line 10a or Line 10b, whichever applies)	10c		00	
Credits/ Payments	11. Total Corporate Income Tax and Franchise Tax Due — Line 6 plus Line 10c	11		00
	12. Total Tax Credits (Attach Form MO-TC)	12		00
	13. All tax payments (include payments with Form MO-7004 and approved overpayments from prior years)	13		00
	14. Total — add Lines 12 and Line 13	14		00
Refund or Tax Due	15. If Line 14 is greater than Line 11, enter OVERPAYMENT here			
	16. Amount remitted or amount of tax overpayment to be contributed to the trust funds listed to the right. Place the total amount contributed on Line 16h. ...	16h		00
	17. Overpayment to be applied to next filing period	17		00
	18. Overpayment to be refunded (Line 15 less Lines 16h and 17)	18		00
	REFUND			
	19. If Line 14 is less than Line 11, enter UNDERPAYMENT here	19		00
	20. Enter total amount on Line 20.	20		00
	21. TOTAL DUE (Add Lines 19 and 20) (U.S. funds only)	21		00
Signature	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.			
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff.			
	SIGNATURE OF OFFICER (REQUIRED)	TITLE OF OFFICER	PHONE NUMBER	DATE SIGNED
	PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)	PREPARER'S FEIN, SSN, OR PTIN	PHONE NUMBER	DATE SIGNED